

## FORM E: BUDGET SUMMARY

**Applicant Name:**

**Collin County**

Cost Categories	Total Budget (1)	DSHS Funds Requested (2)	Direct Federal Funds (3)	Other State Agency Funds* (4)	Local Funding Sources (5)	Other Funds (6)
<b><i>Percentage of Funding</i></b>	100%	91%	0%	0%	9%	0%
A. Personnel	\$ 437,786.00	\$ 403,884.00			\$ 33,902.00	
B. Fringe Benefits	\$ 151,474.00	\$ 139,780.00			\$ 11,694.00	
C. Travel	\$ 6,820.00	\$ 6,820.00				
D. Equipment	\$ 11,248.00	\$ 11,248.00				
E. Supplies	\$ 11,482.00	\$ 11,482.00				
F. Contractual	\$ -	\$ -				
G. Other	\$ 94,074.00	\$ 74,751.00			\$ 19,323.00	
H. Total Direct Costs	\$ 712,884.00	\$ 647,965.00	\$ -	\$ -	\$ 64,919.00	\$ -
I. Indirect Costs	\$ -	\$ -				
J. Total (Sum of H and I)	\$ 712,884.00	\$ 647,965.00	\$ -	\$ -	\$ 64,919.00	\$ -
K. Program Income - Projected Earnings						

\*Letters of good standing that validate the respondent's programmatic, administrative, and financial capacity must be placed after this form if respondent receives any funding from state agencies other than DSHS related to this project. If the respondent is a state agency or institution of higher learning, letters of good standing are not required. DO NOT include funding from other state agencies in column 4 or Federal sources in column 3 that is not related to activities being funded by this DSHS project.